HOW TO FILE A PETITION FOR DISCRIMINATION (LABOR CODE 132a)

This petition may be completed if your employer has discharged you or discriminated against you for filing a workers' compensation claim. This is called a Labor Code 132(a) petition.

Please note this petition must be filed within one (1) year of the discriminatory act or date of termination.

A 132(a) petition is filed only as a companion to a pending Workers' Compensation Appeals Board (WCAB) case. In order to open a WCAB case you must file an Application for Adjudication (see I&A Guide 10). When you are ready to have a WCAB hearing, you must also file a Declaration of Readiness to Proceed (see I&A Guide 07).

Employer discrimination can be very difficult to prove. Because of the technical nature of this petition you may need legal advice.

Please find attached a blank form that may be used to write out your petition. Also attached is a sample that may be used as a guide.

The original documents should be mailed or brought to the WCAB. Copies must be sent to your employer. It is recommended you use Proof of Service (see attached).

Keep a copy for your records.

If you need additional information, you may call an I&A Office. The local I&A phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

1661 N. Raymond Avenue Ste. 200 (714) 738-4038 1880 North Main Street, 1st Floor Information & Assistance Unit (408) 443-3058 Information & Assistance Unit BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit (661) 395-2514 SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit (909) 383-4522 Information & Assistance Unit EUREKA, 95501-0421 100 "H* Street, Rm. 2011 Information & Assistance Unit (707) 441-5723 Information & Assistance Unit (619) 525-4589 Information & Assistance Unit FRESNO, 93721-2280 2550 Manposa Street, Rm. 4078 Information & Assistance Unit (559) 445-5355 SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit (415) 703-5020 Information & Assistance Unit GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit (805) 968-4158 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit (408) 277-1292 Information & Assistance Unit GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit (805) 481-3296 SANTA ANA, 92701-4080 22 Cviv. Center Plaza, Ste. 451 Information & Assistance Unit (714) 558-4597 Infor	ANAHEIM, 92801		SALINAS, 93906	
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SACRAMENTO, 95825				
2424 Arden Way, Ste. 230 (916) 263-2741 Information & Assistance Unit		(916) 263-2741		

NAME STREET CITY, STATE, ZIP CODE

TELEPHONE #:

STATE OF CALIFORNIA WORKERS' COMPENSATION APPEALS BOARD

your name

WCAB#:

vs.

your employer

Defendants.

Applicant,

Application for discrimination benefits pursuant to Labor Code Section 132(a).

Explain in your own words why you feel you are entitled to these benefits.

x your signature

date mailed

NAME STREET CITY, STATE, ZIP CODE

TELEPHONE #:

STATE OF CALIFORNIA WORKERS' COMPENSATION APPEALS BOARD

	Applicant,	WCAB#:
VS.		
vs.		APPLICATION FOR DISCRIMINATION BENEFITS PURSUSANT TO LABOR CODE SECTION 132(A)
	Defendants.	

Sample

Proof Of Service By Mail

I declare that:						
I am (resident of/employed in) the county of						
over the age of eighteen years, my (business/residence) address is:						
Put your home address here.						
On <u>today's date</u> , I served the attached <u>132(a) Petition</u> on the						
your employer in said case, by placing a true copy thereof enclosed in a						
sealed envelope with postage thereon fully paid, in the United State mail at						
city where you mailed this addressed as follows						
your employer's name and address here						
I declare under penalty of perjury under the laws of the State of California that the						
foregoing is true and correct, and that this declaration was executed on						
(date) today's date , at <u>city</u> California.						
Type or print name <u>print your name</u>						
SignatureSign your name						

Proof Of Service By Mail

I declare that:		
I am (resider	nt of/employed in) the county of	California. I am
over the age o	of eighteen years, my (business/ <u>residence</u>)	address is:
On	, I served the attached	on the
	in said case, by placing a true cop	y thereof enclosed in a
sealed envelo	ppe with postage thereon fully paid, in the	e United State mail at
	addressed	as follows
I declare und	er penalty of perjury under the laws of the	e State of California that the
foregoing is t	rue and correct, and that this declaration v	was executed on
(date)	, at	California.
Type or pri	nt name	
Signature _		